

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/08256

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4				/			54						
5			80				55						
6			80				56						
7			80				57						
8			80				58						
9			80				59						
10			80				60						
11			80				61						
12			80				62						
13			80				63						
14			80				64						
15			80				65						
16			80				66						
17			80				67						
18			80				68						
19			80				69						
20			80				70						
21			80				71						
22			80				72						
23			80				73						
24			80				74						
25			80				75						
26			80				76						
27			80				77						
28			80				78						
29			80				79						
30			80				80						
31			80				81						
32			80				82						
33			80				83						
34			80				84						
35			80				85						
36			80				86						
37			80				87						
38			80				88						
39			80				89						
40			80				90						
41			80				91						
42			80				92						
43			80				93						
44			80				94						
45			80				95						
46			80				96						
47			80				97						
48			80				98						
49			80				99						
50			80				100						
TOTAL IND.	1			1									
TOTAL DEP.	15			23									
TOTAL CLAIMS	16			24									